



CONSUMER CHOICES OPTION

August 13, 2015



Training Topics

- CCO requirements
 - Independent Support Broker (ISB)
 - Employee
- Service Plans in ISIS
- Savings Plans



Iowa Administrative Code (IAC)

- 78.41(15) Consumer choices option. The consumer choices option provides a member with a flexible monthly individual budget that is based on the member's service needs. With the individual budget, the member shall have the authority to purchase goods and services to meet the member's assessed needs and may choose to employ providers of services and supports. The services, supports, and items that are purchased with an individual budget must be directly related to a member's assessed need or goal established in the member's service plan.



IAC (cont.)

- **77.30(13)** *Financial management service*
- **77.30(14)** *Independent support brokerage*
- **78.41(15)e** *Development of the individual budget*



Training and Background Checks

ISB's

- Required to have mandatory reporter training
- Required to have a background check
- Required to complete ISB training

Employee

- Not required to have mandatory reporter training
- Required to have a background check
- Hired and trained by member as needed



Training and Background Checks (cont.)

DHS

- Conducts background checks on all CCO employees through SING
- Provides ISB training and ongoing CCO webinars

Veridian

- Coordinates employee and ISB paperwork
 - Includes background checks



The Basics

- The service plan is the foundation of a CCO budget
- Once authorized, it's determined if traditional services and/or CCO is utilized for services
- The CCO budget is used to meet the needs of the member
- The CM/SW monitors the services to assure the identified needs are being met



The Basics (cont.)

- Member's service needs do not change with CCO
- The CCO budget is used to meet the needs of the member just like traditional services
- Optional items and services can be purchased by using leftover funds (efficiencies) or by creating a savings plan



Example

- 100 units Supported Community Living (SCL)
- 25 units Consumer Directed Attendant Care (CDAC)
 - Services authorized through CCO
 - Member hires neighbor for service provision
 - Negotiates rate of pay and creates CCO budget to show how funds will be used to meet service needs
- Additional services are authorized under traditional waiver



ISIS Service Plans

Consumer | Provider | Add/Cancel Program

Program Requests | **Service Plan** | Status | Roles | Details | TCM Service Auth | Incident Report

Consumer Search | Invoice Search | My

+ **Consumer:** TEAS, CHAD **SID:** 0000509J **Program Request:** Intellectual Disability 7/9/2001 -

Select a service plan or create a new one: 5/1/2015 - 4/30/2016

Authorized: Approved on 4/30/2015

Is Plan Valid: Yes!

Exception?: NO

Approved for RB-SCL?: NO

Service Plan Start Date: 5/1/2015

Service Plan End Date: 4/30/2016

Plan Review Date: 4/15/2016

Level of Care: ICF/ID

Assessment Date: 2/6/2015

Original Assessment Date: 6/27/2003

CSR Date: 2/6/2016

CP 1st Month: \$0.00

CP Ongoing: \$0.00

CP Ongoing Effective Date: 8/1/2001

Support Broker: --Select Support Broker--

Save Changes to Plan

Delete Plan

Start Approval Process

Build Self-Direction Budget

Initiate RBSCS Slot Request

Add Service...

Print NOD...

Monthly Cap: \$0.00

Yearly Cap: \$0.00

Step 1: select ISB

Step 2: select 'Build Self-Direction Budget' option



ISIS Service Plans (cont.)

Consumer | Provider | Add/Cancel Program | Consumer

Program Requests | [Service Plan](#) | [Status](#) | [Roles](#) | [Details](#) | [TCM Service Auth](#) | [Incident Report](#)

+ **Consumer:** TEAS, CHAD **SID:** 0000509J **Program Request:** Intellectual Disability 7/9/2001 -

3 Budget Type: T2025 Provider: 0730473 - VERIDIAN FISCAL SOLUTIONS Begin Date: 9/1/2015 End Date: 4/30/2016

Selected Services				
Service	Units	Rate	Bud Amount	Cap Amount*
4				
7 Add Row				

Additional Services				
Service	Units	Rate	Budget Amount	Cap Amount*
5 H2015:HI-Comp Comm Support - SCL	100	5.31	\$531.00	\$786.00
T1019:-Personal Care Services - CDAC individual non-skill	25	2.8	\$70.00	\$81.00

6

8

Total Budget Amount: \$601.00
Total Cap Amount*: \$867.00
(The cap amount will be used for ensuring the consumer stays within the program dollar cap limits.)

Finish View Transactions Cancel

Step 3: select "T2025"

Step 4: Add Begin/End dates

Step 5: Select a service

Step 6: Input number of units

Step 7: Select add a row

Step 8: Select "Finish"



ISIS Service Plans (cont.)

Consumer | Provider | Add/Cancel Program

Program Requests | **Service Plan** | Status | Roles | Details | ICM Service Auth | Incident Report

+ Consumer: TEAS, CHAD SID: 0000509J Program Request: Intellectual Disability 7/9/2001 -

Consumer Search | Invoice Search | My Workload | Team Workload | My Reports | Log

Select a service plan or create a new one: 5/1/2015 - 4/30/2016

Authorized: NO Is Plan Valid: **Yes!** Exception?: NO Approved for RB-SCL?: NO

Service Plan Start Date: 5/1/2015 CP 1st Month: \$0.00

Service Plan End Date: 4/30/2016 CP Ongoing: \$0.00

Plan Review Date: 4/15/2016 CP Ongoing Effective Date:

Level of Care: ICF/IID Support Broker: --Select Support Broker--

Assessment Date: 2/6/2015

Original Assessment Date: 6/27/2003

CSR Date: 2/6/2016

Save Change To Plan Delete Plan Start Approval Process

Build Self-Direction Budget Initiate RBSCS Slot Request

Add Service... View CCO Budgets... Monthly Cap: \$0.00 Yearly Cap: \$0.00

Self Direct?	Program	Approved/Denied	Service	Begin Date	End Date	Provider Number/ Name	Monthly Total 1st Month	Monthly Total Ongoing	Units	Rate	Exc
		Approved	H2016-HI-Comp Comm Support - SCL	5/1/2015	4/30/2016		\$4,854.91	\$4,854.91	31	\$156.61	No
		Approved	T2003-Non-Emergency Transportation per Trip (One Way)	5/1/2015	4/30/2016		\$364.32	\$364.32	46	\$7.92	No
		Approved	T2020-Day Habilitation per Diem	5/1/2015	4/30/2016		\$1,325.26	\$1,325.26	23	\$57.62	No
		Approved	T2021-Day Habilitation - 15 Minutes	5/1/2015	4/30/2016		\$120.96	\$120.96	48	\$2.52	No
		Approved	T2025-Waiver Services NOS- FMS payment	9/1/2015	4/30/2016	0730473 - VERIDIAN FISCAL S	\$601.00	\$601.00	1	\$601.00	No
		Approved	T1017-Targeted Case Management	5/1/2015	3/30/2016		\$1,043.30	\$1,043.30	10	\$104.33	No

Step 9: Select "Save Change to Plan"

Click on "T2025: Waiver Services NOS-FMS payment"



ISIS Service Plans (cont.)

Consumer | **Provider** | **Add/Cancel Program**

[Program Requests](#) | [Service Plan](#) | [Status](#) | [Roles](#) | [Details](#) | [TCM Service Auth](#) | [Incident Report](#) | [Consumer](#)

↓ **Consumer:** TEAS, CHAD **SID:** 0000509J **Program Request:** Intellectual Disability 7/9/2001 -

Budget Type: T2025: **Provider:** 0730473 - VERIDIAN FISCAL SOLUTIONS **Begin Date:** 9/1/2015 **End Date:** 4/30/2016

Selected Services				
Service	Units	Rate	Budget Amount	Cap Amount*
H2015:HI-Comp Comm Support - SCL	100	5.31	\$531.00	\$786.00
T1019:Personal Care Services - CDAC individual non-skilled	25	2.8	\$70.00	\$81.00

Add Row

Additional Services				
Service	Units	Rate	Budget Amount	Cap Amount*
--Select a service--		0		

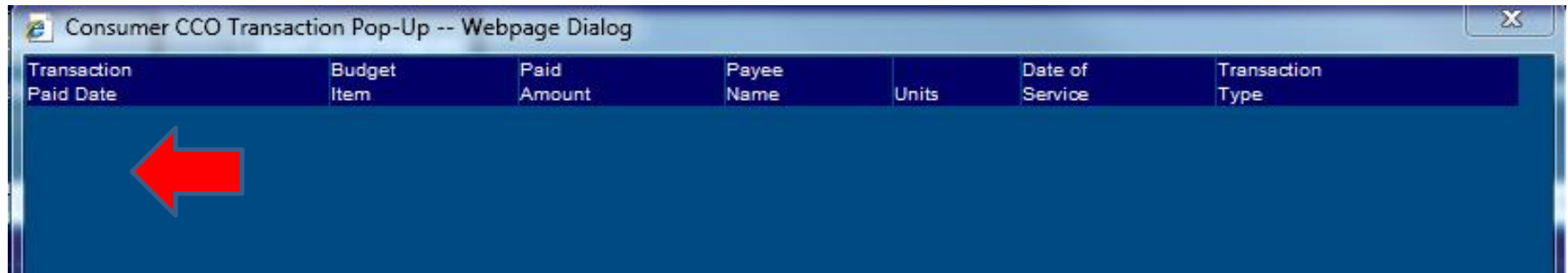
Total Budget Amount: \$601.00
Total Cap Amount*: \$867.00
(The cap amount will be used for ensuring the consumer stays within the program dollar cap limits.)

Finish **View Transactions** **Cancel**

Select "View Transactions"



Service Plans in ISIS (cont.)



Transaction Paid Date	Budget Item	Paid Amount	Payee Name	Units	Date of Service	Transaction Type

All transactions can be viewed



Changes to the Plan

Consumer | Provider | Add/Cancel Program

Program Requests | [Service Plan](#) | Status | Roles | Details | TCM Service Auth | Incident Report

Consumer: TEAS, CHAD SID: 0000509J Program Request: Intellectual Disability 7/9/2001 -

Budget Type: T2025: Provider: 0730473 - VERIDIAN FISCAL SOLUTIONS Begin Date: 9/1/2015 End Date: 12/31/2015

Selected Services				
Service	Units	Rate	Budget Amount	Cap Amount*
H2015:HI-Comp Comm Support - SCL	100	5.31	\$531.00	\$786.00
T1019:-Personal Care Services - CDAC individual non-skilled	25	2.8	\$70.00	\$81.00

Add Row

Additional Services				
Service	Units	Rate	Budget Amount	Cap Amount*
--Select a service--		0		

Total Budget Amount: \$601.00

Total Cap Amount*: \$867.00

(The cap amount will be used for ensuring the consumer stays within the program dollar cap limits.)

Finish View Transactions Cancel

Enter in the End Date and select “Finish”



Changes to the Plan (cont.)

Consumer | Provider | Add/Cancel Program

Program Requests | [Service Plan](#) | Status | Roles | Details | [TCM Service Auth](#) | [Incident Report](#)

Consumer: TEAS, CHAD SID: 0000509J Program Request: Intellectual Disability 7/9/2001 -

Select a service plan or create a new one: 5/1/2015 - 4/30/2016

Authorized: NO Is Plan Valid: Yes! Exception?: NO Approved for RB-SCL?: NO

Service Plan Start Date: 5/1/2015
Service Plan End Date: 4/30/2016
Plan Review Date: 4/15/2016
Level of Care: ICF/ID
Assessment Date: 2/6/2015
Original Assessment Date: 6/27/2003
CSR Date: 2/6/2016

CP 1st Month: \$0.00
CP Ongoing: \$0.00
CP Ongoing Effective Date:
Support Broker:

Save Changes To Plan Delete Plan Start Approval Process

Build Self-Direction Budget Initiate RBSCL Slot Request

Add Service... View CCO Budgets... Monthly Cap: \$0.00 Yearly Cap: \$0.00

Self Direct?	Program	Approved/Denied	Service	Begin Date	End Date	Provider Number/Name	Monthly Total 1st Month	Monthly Total Ongoing	Units	Rate	Exc
		Approved	H2016: HI-Comp Comm Support - SCL	5/1/2015	4/30/2016		\$4,854.91	\$4,854.91	31	\$156.61	No
		Approved	T2003:-Non-Emergency Transportation per Trip (One Way)	5/1/2015	4/30/2016		\$364.32	\$364.32	46	\$7.92	No
		Approved	T2020:-Day Habilitation per Diem	5/1/2015	4/30/2016		\$1,325.26	\$1,325.26	23	\$57.62	No
		Approved	T2021:-Day Habilitation - 15 Minutes	5/1/2015	4/30/2016		\$120.96	\$120.96	48	\$2.52	No
			T2025:-Waiver Services NOS- FMS payment	9/1/2015	12/31/2015	0730473 - VERIDIAN FISCAL S	\$601.00	\$601.00	1	\$601.00	No

Select the “Build Self-Direction Budget”



Changes to the Plan (cont.)

Consumer | Provider | Add/Cancel Program

Program Requests | [Service Plan](#) | [Status](#) | [Roles](#) | [Details](#) | [TCM Service Auth](#) | [Incident Report](#) | [Consumer](#)

↓ Consumer: TEAS, CHAD SID: 0000509J Program Request: Intellectual Disability 7/9/2001 -

Budget Type: T2025 Provider: 0730473 - VERIDIAN FISCAL SOLUTIONS Begin Date: 1/1/2016 End Date: 4/30/2016

Service	Units	Rate	Budget Amount	Cap Amount*
Selected Services				
Add Row				
Additional Services				
H2015:HI-Comp Comm Support - SCL	50	5.31	\$265.50	\$393.00

Total Budget Amount: \$265.50
Total Cap Amount*: \$393.00
(The cap amount will be used for ensuring the consumer stays within the program dollar limits.)

Finish View Transactions Cancel

Step 1 Re-select "T2025"

Step 2 Change begin/end dates

Step 3 Select service type

Step 4 Update units

Step 5 Select finish



Changes to the Plan (cont.)

Consumer | Provider | Add/Cancel Program

Program Requests | **Service Plan** | Status | Roles | Details | TCM Service Auth | Incident Report

+ Consumer: TEAS, CHAD SID: 0000509J Program Request: Intellectual Disability 7/9/2001 -

Select a service plan or create a new one: 5/1/2015 - 4/30/2016

Authorized: NO Is Plan Valid: ☒ Yes! Exception?: NO Approved for RB-SCL?: NO

Service Plan Start Date: 5/1/2015
 Service Plan End Date: 4/30/2016
 Plan Review Date: 4/15/2016
 Level of Care: ICF/IID
 Assessment Date: 2/6/2015
 Original Assessment Date: 6/27/2003
 CSR Date: 2/6/2016

CP 1st Month: \$0.00
 CP Ongoing: \$0.00
 CP Ongoing Effective Date:
 Support Broker: --Select Support Broker--

Save Change To Plan Delete Plan Start Approval Process

Build Self-Direction Budget Initiate RBSCS Slot Request

Add Service... View CCO Budgets... Monthly Cap: \$0.00 Yearly Cap: \$0.00

Self Direct?	Program	Approved/Denied	Service	Begin Date	End Date	Provider Number/Name	Monthly Total 1st Month	Monthly Total Ongoing	Units	Rate	Exc
		Approved	H2016-Hi-Comp Comm Support - SCL	5/1/2015	4/30/2016		\$4,854.91	\$4,854.91	31	\$156.61	No
		Approved	T2003-Non-Emergency Transportation per Trip (One Way)	5/1/2015	4/30/2016		\$364.32	\$364.32	48	\$7.92	No
		Approved	T2020-Day Habilitation per Diem	5/1/2015	4/30/2016		\$1,325.26	\$1,325.26	23	\$57.62	No
		Approved	T2021-Day Habilitation - 15 Minutes	5/1/2015	4/30/2016		\$120.96	\$120.96	48	\$2.52	No
			T2025-Waiver Services NOS-FMS payment	9/1/2015	12/31/2015	0730473 - VERIDIAN FISCAL S	\$601.00	\$601.00	1	\$601.00	No
			T2025-Waiver Services NOS-FMS payment	1/1/2016	4/30/2016	0730473 - VERIDIAN FISCAL S	\$265.50	\$265.50	1	\$265.50	No

Select “Save Changes to Plan”



Example (cont.)

Consumer | Provider | Add/Cancel Program

Program Requests | **Service Plan** | Status | Roles | Details | TCM Service Auth | Incident Report

Consumer Search | Invoice Search | My Workload | Team Workload | My Reports | Log

+ Consumer: TEAS, CHAD SID: 0000509J Program Request: Intellectual Disability 7/9/2001 -

Select a service plan or create a new one: 5/1/2015 - 4/30/2016

Authorized: NO Is Plan Valid: Yes! Exception?: NO Approved for RB-SCL?: NO

Service Plan Start Date: 5/1/2015 CP 1st Month: \$0.00

Service Plan End Date: 4/30/2016 CP Ongoing: \$0.00

Plan Review Date: 4/15/2016 CP Ongoing Effective Date:

Level of Care: ICF/ID Support Broker: --Select Support Broker--

Assessment Date: 2/6/2015

Original Assessment Date: 6/27/2003

CSR Date: 2/6/2016

Save Change To Plan Delete Plan Start Approval Process

Build Self-Direction Budget Initiate RBSCS Slot Request

Add Service... View CCO Budgets... Monthly Cap: \$0.00 Yearly Cap: \$0.00

Self Direct?	Program	Approved/Denied	Service	Begin Date	End Date	Provider Number/ Name	Monthly Total 1st Month	Monthly Total Ongoing	Units	Rate	Exc
		Approved	H2016:HI-Comp Comm Support - SCL	5/1/2015	4/30/2016		\$4,854.91	\$4,854.91	31	\$156.61	No
		Approved	T2003:-Non-Emergency Transportation per Trip (One Way)	5/1/2015	4/30/2016		\$364.32	\$364.32	46	\$7.92	No
		Approved	T2020:-Day Habilitation per Diem	5/1/2015	4/30/2016		\$1,325.28	\$1,325.28	23	\$57.62	No
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			T2025:-Waiver Services NOS- FMS payment	9/1/2015	12/31/2015	0730473 - VERIDIAN FISCAL S	\$601.00	\$601.00	1	\$601.00	No
			T2025:-Waiver Services NOS- FMS payment	1/1/2016	4/30/2016	0730473 - VERIDIAN FISCAL S	\$265.50	\$265.50	1	\$265.50	No

Both CCO and traditional waiver services are available



Example (cont.)

- Case manager/ Service Worker/ Care Coordinator monitors service delivery
- Members gets needs met through a combination of self-directed and traditional services
- Member may have efficiencies left from their CCO budget to purchase items or services to enhance their existing SCL and CDAC needs



Savings Plan

- **Can be created when funds from a current budget are used in the future**
 - Approved by the Department
 - Includes funds from unused Respite
 - Or left over funds



Savings Plan (cont.)

- What they need to be saving for needs to meet the member's assessed need.
- Item will meet identified need or will improve their current services.
- Required to submit supporting documentation.



Iowa Department of Human Services

The Budget

Iowa Department of Human Services

Consumer Choices Option Individual Budget										2016
Member Name:		Member			2 Medicaid State ID#		8675309P			
		(First)	(MI)	(Last)	Member's Phone		555-5555			
Effective Date:										8/1/2015
My Financial Management Service	Veridian Fiscal Solutions				PO Box 4502, Waterloo, IA 50704			319-228-4692		
		Name			Address			Phone		
My Independent Support Broker	ISB 1									
		Name			Address			Phone		
My Representative (if applicable)										
		Name			Address			Phone		
Guardian/Dual Power of Attorney (if applicable)										
		Name			Address			Phone		
Monthly available allowance obtained from my case manager/service worker:									Total Available Monthly Allowance	
SERVICE REQUIRED										
Financial Management Service Fee										\$ 66.95
Total Financial Management Service Fee										\$ 66.95
SERVICE REQUIRED										
Independent Support Broker Fee										
Budget Start up plans (six hours maximum with a maximum of \$15.91 per hour)										
Follow up support (cannot exceed 30 hours a year with a maximum of \$15.91 an hour)										
	Name	Activities	Hourly pay	X	Total Hours month	X	No taxes		Monthly Cost	
							\$ -		\$ -	
	ISB 1	Budget maintenance	\$15.91		2		\$ -		\$ 31.82	
Total Independent Broker Fees:										\$ 31.82
REQUIRED FEES SUBTOTAL										\$ 98.77
SERVICE OPTION										
Directed Personal Care										
	Self	Name	Description	Hourly pay	X	Total Hours month	X	9.25	Monthly Cost	
Employee #1		Employee 1	CDAC	\$ 10.00		25		\$ 23.13	\$ 273.13	
Employee #2		Employee 2	CDAC	\$ 10.00				\$ -	\$ -	
Employee #3		Employee 3	CDAC	\$ 10.00				\$ -	\$ -	
Employee #4		Employee 4	CDAC	\$ 10.00				\$ -	\$ -	
Employee #5								\$ -	\$ -	
Employee #6								\$ -	\$ -	
Employee #7								\$ -	\$ -	
Employee #8								\$ -	\$ -	
Other Services								\$ -	\$ -	
Other Services								\$ -	\$ -	
Total Self Directed Personal Care costs:										\$ 273.13



The Budget (cont.)

- Veridian's fees are automatically deducted from the budget
- Member has a need for 25 hours of SCL



Iowa Department of Human Services

The Budget (cont.)

SERVICE OPTION	Self							
Directed Community Supports and Employment	Name	Description	Hourly pay	X	Total Hours month	X	9.25	Monthly Cost
Employee #1	Employee 1	SCL	\$ 15.00		25		\$ 34.69	\$ 409.69
Employee #2	Employee 2	SCL	\$ 15.00				\$ -	\$ -
Employee #3	Employee 3	SCL	\$ 15.00				\$ -	\$ -
Employee #4	Employee 4	SCL	\$ 15.00				\$ -	\$ -
Employee #5							\$ -	\$ -
Employee #6							\$ -	\$ -
Employee #7							\$ -	\$ -
Employee #8							\$ -	\$ -
Other Services							\$ -	\$ -
Other Services							\$ -	\$ -
Total Self Directed Community Supports and Employment								\$ 409.69

SERVICE OPTION		Cost per item/service	Frequency	Monthly Costs	Total per month
Individual Directed Goods and Services	Description of Item or services				
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Total Directed Goods and Services					\$ -

Savings	Description of Item or services	Total Cost of item	Start Date - End Date	Monthly Costs	Total per month
	YMCA Membership	\$500	8/1/15-7/31/16	\$42	\$ 42.00
					\$ -
					\$ -
					\$ -
Total Savings					\$ 42.00
GRAND TOTAL					\$ 823.58

BUDGET		
Monthly Available Allowance		\$ -
Less Total Costs		\$ 823.58
Balance		\$ (823.58)



The Budget (cont.)

- The ISB's fees are also automatically calculated
- Member needs 25 hours per month of SCL
- Member has efficiencies in their budget to create a savings plan for a YMCA membership



The Budget (cont.)

MY NEEDS

This individual budget helps me with the following needs. Check all needs that apply to you.

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Walking/Mobility | <input type="checkbox"/> Day activity | <input type="checkbox"/> Homemaking assistance |
| <input type="checkbox"/> Do heavy chores | <input type="checkbox"/> Companionship | <input type="checkbox"/> Medical care |
| <input checked="" type="checkbox"/> Do light housekeeping | <input type="checkbox"/> Behavioral needs | <input type="checkbox"/> Medical supplies |
| <input checked="" type="checkbox"/> Prepare meals | <input type="checkbox"/> Communication | <input type="checkbox"/> Personal care |
| <input type="checkbox"/> Do shopping | <input type="checkbox"/> Respite | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Take medication | <input checked="" type="checkbox"/> Daily living skills | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Transportation | <input type="checkbox"/> Lawn care | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Personal errands | <input type="checkbox"/> Equipment | |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Employment or other training | |

Emergency Backup Plan

All members must have a plan for emergency situations. This emergency plan may be paid through your individual budget, but reductions may need to be made from other services on your budget anytime this is accessed. The Financial Management agency must have an employee packet completed if your emergency back up provider is to be paid.

Name of Service	Provider	Plan Cost Hour/Unit	#	Emergency Costs
SCL	Employee 5'	\$ 10.00	25	\$ 250.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -



The Budget (Continued)

- Each budget should identify what needs are being met
- Every budget should have an emergency back up plan



The Budget (cont.)

Approval

Member Signature: _____

Date: _____

Representative Signature (if applicable): _____

Date: _____

Guardian/Dual Power of Attorney Signature (if applicable): _____

Date: _____

Independent Support Broker Signature _____

Date: _____

Financial Management Service _____

Date Received: _____

The Financial Management Service will be processing your individual budget worksheet. To ensure that services begin by the first of the month needed, receipt of this worksheet must be no later than the 25th of the month prior. (e.g. Services needed February 1st, budget must be received by January 25th. All services will begin on the first of the month only.)



The Budget (Continued)

- Receipts of the budget must be no later than the 25th of the month prior
- Services begin on the first of the month



Helpful Links

- Consumer Choices Option website:
<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/consumer-choices-option>
- Independent Support Broker website:
<http://dhs.iowa.gov/ime/Providers/tools-trainings-and-services/ATRegistration/ISB>
- Iowa Administrative Code
<http://dhs.iowa.gov/administrative-rules>
[Rules specific to CCO chapter 78.41(15)]



Helpful links (cont)

- Veridian Fiscal Solutions (the FMS) website:
<https://ccoweb.veridiancu.org/default.aspx>
Veridian email: ccoiova@veridiancu.org
- HCBS website:
<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs>
- HCBS Specialists by region or county at:
<http://www.dhs.state.ia.us/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts>



Questions

- Please submit any related questions to:
 - HCBSWaiver@dhs.state.ia.us